

BLS Certification Test Committee 9-20-06

Results Overview



Date: 2/1/2008 8:25 AM PST
 Responses: Completes
 Filter: No filter applied

Image

The following survey is being conducted by BLS Certification Test Committee which is an ad-hoc committee of the Professional Development Committee. In their quest to improve BLS practical testing process in the Commonwealth of Virginia they are asking that you complete this brief survey which should take no longer than 1 minute of your time. . . Please complete the following survey by October 31, 2006.

1.

The state has established a BLS Certification Test Committee which is charged with investigating the practical certification examination. In order to assist this committee with their charge, please rank each item against the others, (i.e. If you chose between the options which would you choose first, which would you choose second... etc.) in order of preference with 1 being the most preferred and 5 being least.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	1	2	3	4	5
Remain scenario based	335 35%	260 28%	200 21%	101 11%	48 5%
Test individual skills	152 16%	266 28%	371 39%	128 14%	27 3%
Test combination of random skills and scenarios	301 32%	273 29%	246 26%	92 10%	32 3%
Computerized simulation testing	87 9%	107 11%	104 11%	418 44%	228 24%
Other	69 7%	38 4%	23 2%	205 22%	609 65%

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Date: 2/1/2008 8:26 AM PST
 Responses: Completes
 Filter: No filter applied

2. List any other ideas or suggestions you have about BLS practical testing.	
#	Response
1	I like the idea of Random Skills being tested!
2	National Registry
3	Not sure if you are asking for this, however, you supplied the area. I do not like the hurry up and wait then rush rush rush cause we want to go home attitude. My last test site we were told you could re test in one area if you had failed. Several people asked to retest and were told the staff had to go home. Several reasons were given, the most absurd was to watch the season finale of a tv program. I think OEMS staff should be in charge on site of the testing, not volunteers who need to run home for the babysitter or tv programs. Also, favoritism when it comes to who gets to take practicals first should not even be a part of testing. It should be first come first served as to my choice
4	Critical criteria should be examined and revised some items that are not critical criteria should be.
5	To remain scenerio based the "scenes" need to be more realisitc. Most students go in and are confused by what they see and where to start. Also the evaluators have to much leeway in their evaluations and not the same background or experience and can not always watch both providers and write notes. Maybe each team should be video taped at the station and then the video evaluated by a group of evaluators, at least three, to determine whether one or both students pass the station.
6	I feel it would be an excellent idea to video tape all scenarios at test sights. this would stop any chalanges to test stations.
7	I liked the idea discussed before about testing a medical and a trauma scenario and then having radom skills, much like national registry has used. I do not recommend doing away with testing or with accredited sites. I want more responsibility placed on Instructors to teach as they agreed to initially, whether they are teaching in an established program or in a volunteer rescue squad as an independent instructor.
8	Precepting the students in the various skills with trained preceptors gives as many options as scenerios and also gives the instructor the oportunity to step in and coach the student if necessary.
9	Do it like any other helath care proffession, Let the Course Director sign off on the skills in class, then just take the written exam with the State.
10	Due to the large variation of ability of stusents at test sites to do the current practical testing at state test sites I do not think that practical testing can be done away with at this time.
11	Make it as accessable as possible. No after 9:00pm testing , keep evaluators trained the same , equipment the same , ALL evaluators should learn to BE NICE,even if they fail a student the student be treated NICELY . A post testing evaluation of the testing site, the evaluators and ease of access to the site should be given to each student after they finish the test.
12	Like to see the practical scenario skills signed of by the EMT-B instructor in class and take the written given by the office of OEMS
13	The three major issues I see are: 1)the variations/biases from one test site to another, 2)the lack of any real chance to appeal test results and 3)the possibility of one student carrying another through. These issues will never be completely eliminated, but scenario based testing seems to emphasize them.
14	Put practical testing back under Regulation and Compliance instead of the DED Department.
15	Due to the variation in skill levels that I am seeing at the state test sites, I do not think that the state can do away with practical testing
16	Just have a question - what "other" would be a possibility? I am not sure computerized would adequately demonstrate their abilities to do the individual skills. It would be okay to use for scenarios.
17	Allow for site discretion in allowing re-test of single failed station. Need to look at trends in failures. Is it the first station tested that failed? I believe the majority of single station failures are due to candidate nerves that calm down as the test progresses.
18	More realistic moulage. Ability to better determine what can be exposed and what can't e exposed
19	Get rid of BLS station
20	i think a combination practical would be best... giving the student a scenario with random skills (actually assessing which is done now, actually splinting, actually immobilization, not just verbalizing)
	State examiners and evaluators are not always on the same page. Sometimes a trained evaluator's view of a failure based on

21	critical criteria is overruled by examiners. All parties need to be on the same page, and examiners are not told the same thing as newly trained evaluators. Examiners are not in testing station, so trained evaluators' decisions should be supported.
22	Survey more individuals than just Instructors. Especially students who have tested both under the old skills only and scenario based methods and get their preferences. Also ask the NREMT what its current exam feedback says.
23	I think the practical examination is fine the way it is. It is the instructors who need the help! When a student doesn't know how to put a patient on a bckboard, that is the fault of the instructor or the student should not be an EMT if they can't figure it out.
24	It appears from our County testing that we conduct on individuals for local authorizations as BLS providers that individual EMT-B programs are not evaluating individual skills throughout the class and are simply concentrating on preparing the student to pass the State OEMS practical testing. This obviously is a true deservice to both provider and patient alike. Many are clueless as to "why" they are doing what they are doing in the management of patients which renders them ineffective in their decision making and understanding.
25	Carry test sites to different areas within the region.

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